

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: John Carroll University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 20700 North Park Blvd., University Heights, Ohio 44118

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Joanne Gross

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

John Carroll University, 20700 North Park Blvd., University Heights, OH 44118

Telephone Number of Designated Agent: 216-397-4563

Facsimile Number of Designated Agent: 216-397-4901

Email Address of Designated Agent: jgross@jcu.edu

S: _____ **Signature of the Designating Service Provider:**
11 **Date:** 9/25/01

Typed or Printed Name and Title: Joanne Gross, OSU, General Counsel and Secretary

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

OCT 03 2001

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Enc. Check for \$20.00

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